

03500.016270.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Takaharu KONDO, et al.) : Examiner: Stephen J. Stein
Application No.: 10/092,617) : Group Art Unit: 1775
Filed: March 8, 2002) :
For: SEMICONDUCTOR ELEMENT,)
AND METHOD OF FORMING :
SILICON-BASED FILM) March 29, 2004

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated December 29, 2003, please amend the
above-identified application as follows:

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In re Application of:



Takaharu KONDO, et al.

Application No.: 10/092,617

Filed: March 8, 2002

For: SEMICONDUCTOR ELEMENT, AND
METHOD OF FORMING SILICON-BASED
FILM

Docket No.: 03500.016270.

Examiner: Stephen J. Stein

Group Art Unit: 1775

Date: March 29, 2004

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	87	MINUS	92	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	8	MINUS	9	= 0	x \$43 \$86	\$ 0.00
Fee for Multiple Dependent claims \$135°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

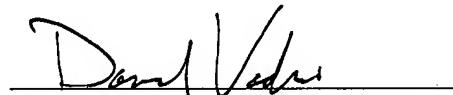
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Damond E. Vadnais
Registration No. 52,310

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